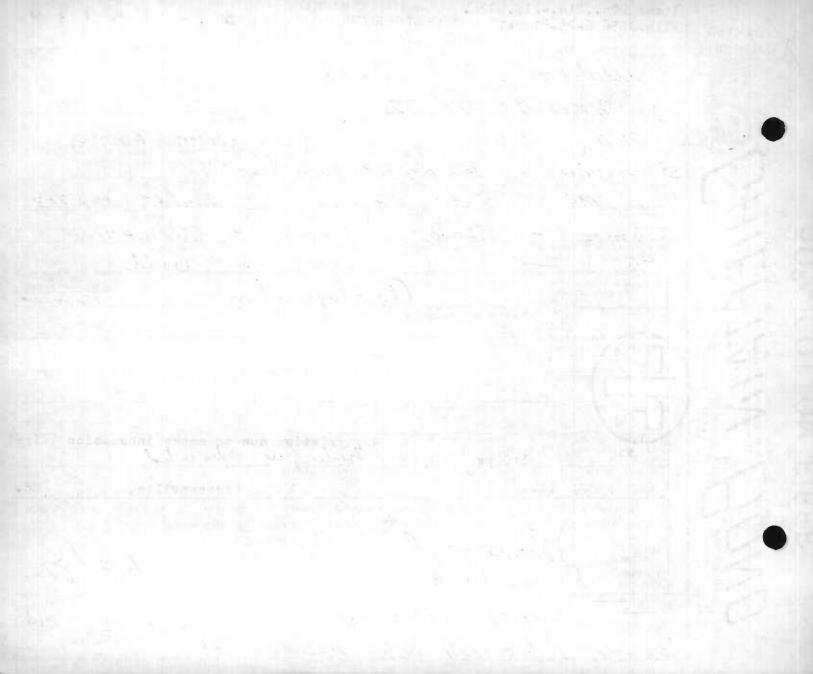
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E C		COUNTRY)		MARRIED	NEVER MARRIED	40	_ ^ /	
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t, the m	7		GME WAR OR DATES	16 0000	T D D-7	7001 07 -4	Anna TTunada	4 277 -
2 0		No N	lone 218-1	16-0320	James R. Bale	2 1004 ZIST		
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ematio		Conditions, if any, which gove rise to immediate	(b)					
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4 2 E	CERTIFICATION					Tee	Ton 15 MEC WEDGE	11 h 100
ene pr	) 5	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	
yer sh	E					YES NO	YES 🗌	NO 🗌
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Item		OR CONTRIBUTING CAUSE OF			- 17 - 10 -			
Men	MEDICAL	116 EITHER, NOTIFY MEDICAL EXAMINATED TO THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
th and N	NE L		(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OF TOV	VN COUNTY	Y STATE
th a	-	AT WORK AT WORK						F 47
is is		22a I certify that (I) (this ha	spital) attended the deceased f	rom Oca	10 19 80	to	3/ 19 8/	, that (I) (we) I
ALOR ATTENTION THE hospital or at tached for use as teched for use as the Dept. of Healt		saw the deceased alive	on Fray 30		that in (my) (my) apinion o	death occurred on the de	ate and hour and from	n the couses stated
		22b SIGNATURE	nat) view the body after death		EGREE		226 [	DATE SIGNED
	1	(10)	1 -44 1/2	1	ATTENDING .	MEDICAL STAI	_ A	-1-1-
deta tate		1116	mille. n	/	PHYSICIAN	DIRECTOR   PHYSIC	IAN	12/8/
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hould be detach with the State D MPORTANT: I	13	I I N. O	mith, 1%		Centre	ulle 1	no Li	16/1
shoul with	220	BURIAL, CREMATION, REMOV	AL 23b. DATE	22. NAME OF CE	METERY OR CREMATORY	123d LOCATION		
	230	[SPECIFY]				CITY OR TOWN	COUNTY	STATE
		Burial	June/3/81	rt. Line	coln Cemetery		I, P.G. Co	
H-16 25M	24	FUNERAL DIRECTOR	ADDRE	SS	25a DAT		ISM REGISTRAR'S BE	ANALURE A
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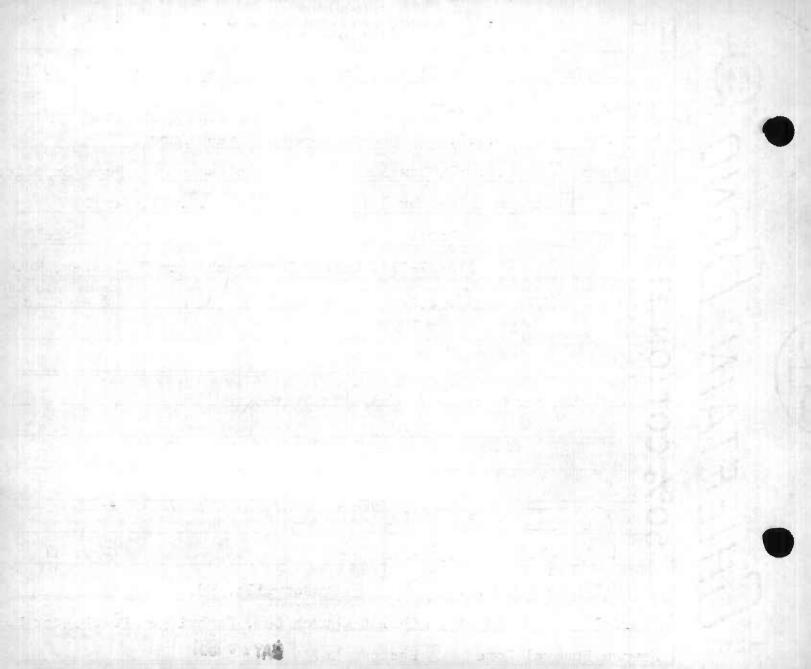
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A	FOR STATE				MEDIO	ΔΙ ΕΧΔΝ	INFR'S	ERTIFICATE	OF DE	ATH .					ħ.
	HEALTH DEPT.		ECEASED-NAME Type or Print)	First Ter:	,	Midd Ly:	le	losi Car:	dim's	2a. DAT	E KNOWN X	Manth	Doy		1025 M
	ge 5 moy	3. 5	EX Female	4. RACE White	5. DATE OF BI	RTH 1, 1959	6. AGE (In years last bythday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2		E PRONOUNCED	D	Yeor .		2d. HOUR
	Grant Por		BIRTHPLACE (Stote of the other) Maryl		7b. CITIZEN OF WI		WII		ORCED 🔲		en Ann				Md.
	Md. 21201 in 24 haurs il in Item 18 with farm Pl State Depart	1	city or town of Stevensv	ille	give	street address)	R+ 50	N (1f nat in haspita	12a. US during	MOST of workin	N (Kind af wa g life, even if	retired.)	12b. KIND INDUSTRY	OF BUSIN	ESS OR
	within 2 within 2 pencil in ong with	13o.	USUAL RESIDENO dmissian) STATE	IE (Where decease	sed lived, if instit 13b. COUNTY Q12C	ution: Residence en Anne		enstown enstown	YES NO	100. 311	REET AND NUM	BER Box ]	143		
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	d be ex d be ex d be ex l "pendi iner's 0		WAS DECEASED EV (es, no, or unknow NO	ER IN U.S. ARMED	FORCES? war or dates of service)	16b. SOCIAL SEC 218-8	1.77	17. INFORMANT George W	Carr		#1 ADDBS		aryla		
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201 TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs Is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, stor. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 moy: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State-Department of Health, occamoyal, and in any event within 72 hours ofter death.	7	PART I. D  8/2  Conditions, if o rise ta immed stoting the un last.	Ny, which gave intercepting course (a), (derlying course (b), (derlying course (b), (derlying course)	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	ITERINA  TO THE TERMINAL				: U\$\$10	RETWE	ROXIMATE IN IEN ONSET AN IMED	D DEATH
	AL EXAL XAL EXAL Xecute th E forward sed as a l	CERTIFICATION	19a. DATE OF O			WAS PERF							,	AUTOPSY?	NO 🔀
	DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMI s necessary, please execute the citor. Page 4 should be farwarded Page 3 should be used as a bur occamoval, and in any event w	DICAL	21d. INJURY OCC	R CONTRIBUTING [ H URRED 21e.	21b. TIME OF HOUR A /O: 23 P. PLACE OF INJURY ( ctory, office building	At hame, form,	1981	AUTO STR 21f. LOCATION Street	t ar R.F.D. Na.	BY TA	ry in Part 1 or PACTOR ty or Town	-TRA	County		Stote
	DIVISION TO DEPUT TO		22a. I	T WORK	ook charge af t	he remains de	prims	Stev re, held an Auto Suicide (),		Inspectian	Md ,	quiry [			MD.
	DIVISIONC TO DEPUTY and 3 to the funeral director. Page 4 be retained far your files. TO FUNERAL DIRECTOR: Page 3 shoprior ta buriol, cremation, occamoyal		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Dr. F	Ralph Lil	oby M	in	CH M.D. AS:	IIEF MEDICAL E SISTANT MEDIC PUTY MEDICAL		3	22b. <b>DATE</b>	SIGNED -4-8	31	
	3 to 1 staine FUNE	230	BURIAL, CREMAT	ION, 23b.	DATE			OR CREMATORY			ON (City or Tow	vn)	(County)	(Stat	e)
		24.	Burial FUNERAL DIRECTO		5/6/81	Ste	vensvi]	le Cemet		Stev By REGISTRAR	ensvil	le Q.	A. I	Maryl	and
	VR A15ME (5) 8M-1/70				d Funera	l Home (		Md.	DAMAY	1 1 198	to	ifry	MOU	rody	

/ 1		tems 20a.,21a21f.&22a. STATE OF MARYLAND	109	0
FOR STATE	F	ilm#G556 6-25-81 al DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
HEALTH DEPT.	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED-NAME First Middle Last 20 Date KNOWN Morph	D. V	al Holla
PM3.		Type or Print)	Day Year	2b. HOUR
Poges irm PM itment	3.	EX 4. RACE 5. DATE OF BIRTH 6. AGE (in years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	19	2d. HOUR
	12	706 MP940 9/24/48 32 YRS. MONTHS DAYS HOURS MIN Month 5 Day 23	3 Year 19 81	A
	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
	1	mry) md us A WIDOWED DIVORCED Queen Ar	1370	M
2 3 2 3 4 3	V	III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital live, usual during most of working life, even if retired.)	12b. KIND OF BUSIN	NESS OR
P 22	130	give street address)  B cy 413 - (Horse)  USUAL RESIDENCE (Where deceased lived, Institution: Residence before 13c. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER		
THE STATE		dmission) STATE THE 136 COUNTY & A SQUENTY & A SQUENTY & A	Key 4	10
W W	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last	
Exp of Exp		James & Dodd Savah & Robin	son -	
exe exe pen pen pon pon pon pon pon pon pon pon pon po		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS		
TREET, Nord be word be well.		To Carel 6. Dodg	T	
STR auld e wo hief hief nit.		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE II BETWEEN ONSET A	
FON ST e shault ng the w he Chief permit.		8902 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	15 m	wo
10 +		Conditions, if any, which gave		
T = -		rise to immediate cause (a), (b)	1,831.15	
301 W. I: This certificate, v forworded buriol-troops		lost. (c)		
00		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
L RECORDS, IN EXAMINER: execute the should be used as o cremotion, or	TON	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?	
EXAMI EXAMI execute should used remotion	CERTIFICATION	WAS PERFORMED?	YES 🗆	NO PC
770 0	E	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21b. TIME OF INJURY Month, Day, Year		fire
F VITAL MEDICAL Poge 4 Files. ould, be	MEDICAL	PRIMARY TO CONTRIBUTING HOUR A.M. 19 Froiles free, wair in led		
5 × 1 × 2	×	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)  21f. LOCATION Street of R.F.D. No. (ity ar Tawn factory, affice building, etc.)	County	State
SION OPEPUTY DEPUTY DEPUTY INTECTOR OF YOUR SE 3 SE DEFUTY		WHILE NOT WHILE TAT WORK AT WORK AT WORK On none Stevensville,		Md.
30 2 p + 8 12 1		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry death resulted from: Natural causes, Accident 🔼 Suicide, Hamicide Undetermined manner [	, and in my	apinian
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any delay the funer be retain DIRECTOR		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE S	SIGNED	
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offer do 2, onc Poge 5 <b>TO FU</b> Health	24	FUNERAL DIRECTOR  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR  TO BE PARS S	91 7	md
DHMH-17 1/71 1QM (VR A15ME (5))	W .	Operso H Doskiell Esten and JUN 9 1982	MCGrandy	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) Clayton Ewing OF ESTI-DEATH MATED 14 19 81 SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 14 1910 DEAD male white June 14 19 81 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wisconsin DIVORCED Oueen Anne's County WIDOWED IB CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY Stevensville Pier I Motel Executive Paner Co USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE COUNTY 13d. IHSIDE CITY LIMITS? 13e STREET ADDRESS Md Talbot NOVE Easton Box 405 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST FIRST LAST Mark Clayton Ewing Sarah Reed 166 SOCIAL SECURITY NO In. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS (YES, NO. OR UNKNOWN) B92-05-5467 Easton, Janet Md Ewino 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSII TERMIT HEALTH AND MENTAL HYGIENE II, CREMATION, OR REMOVAL PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION **USED AS** 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES Y NO [ BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY FARM, ETC.) SIREET CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Homicide Undetermined monner Assistant 5/15/81 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 PennStreet, Balto., MD 21201 (TYPE OR PRINT) 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE SPECIFY) Burial Oxford Oxford Cemetery Talbot. Md BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Newnam Funeral Home Easton, Md. (VR A15 ME (5)) 15M 2/80

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2	- ST RE	GISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1. [	DECE.	ASED NAME PIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
2.0	FV	EMKE	SHEY ARD SHEPHERD DEATH MATED 5-1	1981 430 M
1	SEX	F Wack	5 DATE OF BIRTH MONTH DAY YEAR  16. AGE (INFEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR  17. DAYS MONTH PRODUCED DEAD DEAD DEAD DEAD DEAD DEAD DEAD D	7 1981 4PM
7a.		HPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY	OF DEATH
PA	VA	124. LAWW	S. H	INE MD
10.	CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12) HE NOT IN SUCH EMPILITY, GIVE STREET ADDRESS)	OR INDUSTRY
115	We	RESIDENCE (IF IN NURSING HOME OR	KENT-QUEEN ANNE HOSP, LABOR	
5 130.	STA	TE 136 CONNT		
△ 14.	FATE	HER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
14-	NA/A	JAMES	- 1.19 MMDP MART	
100.	(YES.	S DECEASED EVER IN U.S. ARM NO, OR UNKNOWN) (1E YES, GIVE W	ED FORCES? / 166. SOCIAL SECURITY NO. 270-28-4343 SAMUEL TILBHANCE	MIREVILLE
	11	CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED	AND DIOLIS COLLIS AND COLLIS THIS	15-20 MIN
		7272	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate	(b)	
	3	cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
z		ART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
1 8	15	d. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
CERTIFICATION			The state of the s	11
ERT	21	a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	YES NO 🗴
Alc	UIC	NDERLYING OR ONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH DAY YEAR	
MEDICAL	21	d. INJURY OCCURRED	218. PLACE OF INJURY (ATHOME, 21f. LOCATION	
2		T WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	Y STATE
AEDICAL CERTIFICA		22a. I certify that I took charge	af the remains described abave, held an Autapsy . Inspection . Inquiry . and in my apin	an
		death resulted fram: Natura	causes , Accident , Suicide , Hamicide Undetermined manner ,	
		CT	T[TLE (SPECIFY)	
	SI	CTUAL GNATURE	M.D. Deputy MEDICAL EXAMINER SIGNED.	7-1-81
4	EX (T	AMINER'S NAME RAL	PH E. LIBBY ADDRESS GRASON VILLE, MI	5.21638
230.		AL, CREMATION, REMOVAL 23	DATE 23c, NAME OF CEMETERY OR CREMATORY 238. LOCATION	STATE
		BURIA .	3-11-81 MILLIONCER CENTREUME	SIT ME
24.	FUN	ERAP DIRECTOR	ADDRESS (FE FLE NESS) 250. DATE REC'D. BY REGISTRAR TO REGISTRAN AND ADDRESS (FE FLE NESS) 250. DATE REC'D. BY REGISTRAR TO REGISTRAR T	ALCON .
	1	Linely	Com C. (2001-1 MAY 1 1981	1

STATE OF MARYLAND

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2 1	1-	STATE REGISTRAR	ME	DICAL EXAMIN		4.0		
4 6		CEASED NAME FIRST		MIDDLE	LAST		20. DATE KNOWN	
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PEA TREE	3. SE	X 4. RACE	5. DATE OF BIRTH	0		IF UNDER 24 HRS.	2c DATE PRONOUNCED	MONTH DAY YEAR 25HOUR
DIRE OUR 72 H		Male White	Nov. 1	34   46 v	. Morning Dails	HOURS MIN	DEAD	5 30 1981 a M
RAL KAL	7a B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7h. CITIZEN OF W	HAT COUNTRY?	8. MARRIED THE	VER MARRIED .	-	OR COUNTY OF DEATH
N S S S S S S S S S S S S S S S S S S S	4	D.C.	U.		WIDOWED -	DIVORCED [	Queen Anne	's County, MD.
S F S E S	0	ITY OR TOWN OF DEATH	I IF NOT IN SUCH I	SPITAL, NURSING HOM				OF WORK 126. KIND OF BUSINESS OR INDUSTRY
Ser Pole	-	Grasonville	Hartge's			Ps	ychiatris	t Medical
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE RITHING THE WORD." PENDING". IN PENCIL IN 175M 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED-WITHIN 72 HOURS. TO EPERATMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201, W. PRESTON STREET, 201 PRICE ALONG AND ALONG		AL RESIDENCE (IF IN HUR IN HON STATE COI	JNTY	13c. CITY OR TOWN Balto.	13d. INSIDE (		EET ADDRESS 539 Pickw	ick Rd.
MD. H. IF 7, 2, 7, 3.	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTH	ER'S MAIDEN NAME	WIDDLE	LAST
OF PACE AT		alter Dou	glas	Weir Jr	Edr	าล	Louise	Robinson
TIMO TER I FOR		WAS DECEASED EVER IN U.S YES, NO, OR UNKNOWN] (#F YES, G	ARMED FORCES?	166. SOCIAL SECURIT			ADDRESS	
S AF GIVE MITH I		No.		218-30-2	390   Ann	W. Weir	Same	
OUR. 18. MIT. E, DI		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED BY				41	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
ON SIEN VAL	1	11 5 5 5 IMMED	INIT CHOST (a)	Arterioscier R AS A CONSEQUENCE		ovascular	disease	
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201 ZOI		lying cause last.	(6)					
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CORE BE ENDING WORLD	NO.							
MI RE ALL OAL	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH OPER	RATION WAS PERFOR	RMED?		2BOD995ONLY
VIA CASE	ЦË							YES X NO
O AMEN OF THE OF		210. EXTERNAL CAUSE WAS	21b. TIME C HOUR A.	DFINJURY M. MONTH DAY YEA	R 21c. HOW INJURY	OCCURRED (ENTER)	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR THE COLUMN THE COLU	MEDICAL	CONTRIBUTING CAUSE C		M. 19 OF INJURY (ATHOME.	211 LOCATION			
OVI COED COED COED COED COED COED COED COED	WED			CTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
THIS WAR		AT WORK AT WORK			Autopsy X			
SAFE SAFE SAFE SAFE SAFE SAFE SAFE SAFE		27s I cornty that brook chi	arge of the remains do			Inspection		nd in my apinian
BE B	1	death resulted from A	two covers	deat , s			ermined manner,	
MAN WANTED		ACTUAL 1 K	omas.	K) Downs.		specify) ty Chiefmed		DATE 5/31/81
SHC SHC		SIGNATURE /	-	V		. y OIL WED	KALEXAMINER	SIGNED
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MATER DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH. WITH THE STATE DEPARTMENT OF HEA BATTIMORE, MARYLAND, 21201 PRIOR TO BURBAL,	4	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D.	Smith, M.D.	ADDRESS_	III Penr	St. Balto	., MD.
5225682 -	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CE	METERY OR CREMAT	ORY 23d. LC	CATION OR TOWN	COUNTY STATE
BP			1 4 4 6					
	C:	remation	6-5-81	Green	nount	Be	alto.	Md.
2833 DHMH-17 (VRA15 ME (5))	24. I	FUNERAL DIRECTOR	ADDRE	11905 Vani	Rd.	250. DATE REC'D. BY	REGISTRAR 256. FE	Md.

